



ITPC ADULT TOBACCO SURVEY HIGHLIGHT REPORT

INTRODUCTION

This report highlights the findings from the 2004 Indiana Adult Tobacco Survey (IATS). IATS is a random telephone survey of 2,000 Indiana residents 18 and over. The purpose of the survey is to measure Hoosiers' knowledge of health consequences of tobacco use and secondhand smoke, attitudes toward tobacco use and tobacco control policies as well as awareness and availability of cessation resources, quit attempts, and successful cessation of tobacco use. The survey collects data on tobacco use (including cigarettes, cigars, and smokeless tobacco).¹ The IATS was first administered in November and December of 2002. The 2004 administration also occurred during November and December.

The primary findings presented in this report tell an exciting story. During the past 2 years, Indiana made great strides toward reducing tobacco use. Overall, Hoosiers are more supportive of smoke-free indoor air, and more Hoosier households banned smoking in their homes. In comparison to 2002, many more Indiana adults are aware of smoking cessation resources at their workplace and those who smoke are more likely to try nicotine replacement therapies.

¹ IATS is not intended to be the primary source of data on tobacco use prevalence. Since sampling techniques used to guarantee sufficient number of smokers in the sample and to ensure ability to make regional comparisons can potentially inflate the overall prevalence. Indiana uses the Behavior Risk Factor Surveillance Survey (BRFSS) as the state measure of adult prevalence. According to 2004 BRFSS data, the smoking prevalence was 24.9%. The findings for the 2004 BRFSS and the 2004 ATS are not statistically different from one another.

SMOKING AMONG HOOSIER ADULTS

Table 1. Smoking by Demographic Characteristics

	Current Smoker %
Overall	28.4%
Sex	
Male	30.2
Female	26.8
Race/Ethnicity	
White	28.9
Black	27.9
Hispanic	15.7
Other	32.1
Age Group	
18–24	37.5*
25–34	37.7*
35–49	30.7
50–64	23.3
65+	11.7
Household Income	
Less than \$25,000	35.0*
\$25,000–\$49,999	31.9
\$50,000 or more	23.4
Not reported	22.1
Education	
Not a HS graduate	46.1*
HS graduate/GED	33.5
Some college	30.6
College graduate	15.3

*p<.05

The overall smoking rate reported by ATS was 28.4%. The rates for men and women were not statistically different, with 30% of men and 27% of women reporting cigarette use.

Smoking rates in Indiana vary by demographic characteristics. The bullet points below summarize the significant differences between demographic groups:

■ Race/Ethnicity

- Whites are more likely to smoke than Hispanics.
- Individuals in the “Other” category, which includes Asian-Americans, Native Americans, and individuals of mixed races, are more likely to smoke than Hispanics.

■ Age

- The smoking rate among adults under age 35 is significantly higher than among adults 50 and older.
- Adults 65 years and older have a significantly lower smoking rate than any other age group.

■ Household Income

- Adults with incomes of at least \$50,000 per year are significantly less likely to be smokers than adults with incomes less than \$25,000 per year.

■ Education

- College graduates are significantly less likely to smoke than adults who did not graduate college
- Smoking rate for those who did not graduate high school was highest than for all other groups

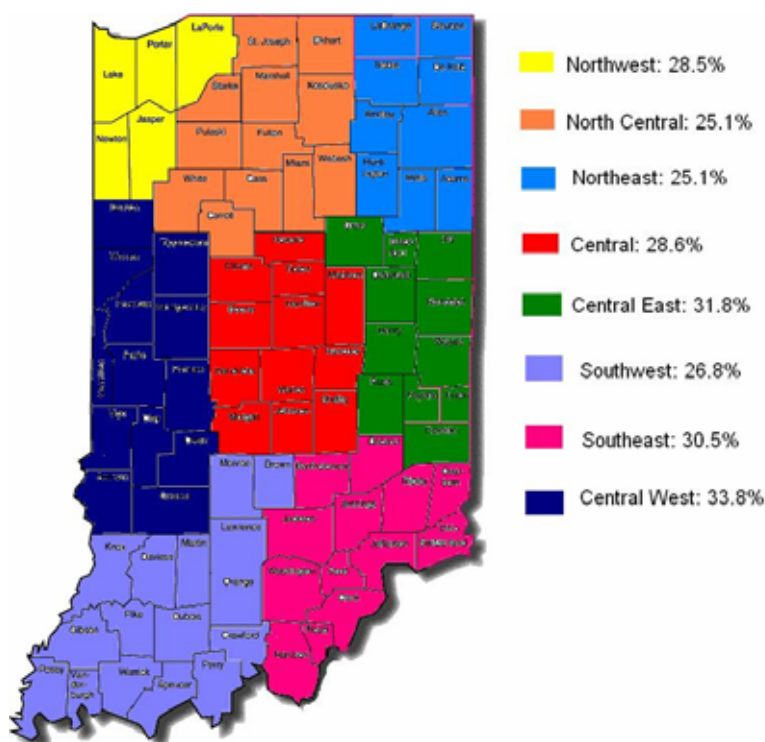


Figure 1. 2004 Adult Smoking by Region

As was the case in 2002, data did not show a regional difference in smoking prevalence.

HEALTH RISKS OF TOBACCO USE

As shown in Table 2, in 2004, most Hoosiers believed that smoking and chewing tobacco are detrimental to one's health. The vast majority **disagreed** with statements that there is little benefit to quitting after smoking for 20 years, there is no benefit to quitting when pregnant, and chewing tobacco is safer than smoking or more socially acceptable. The 2004 results did not show a significant shift toward pro-health attitudes for these measures from 2002. However, it should be noted that in 2002, most Hoosiers already knew the dangers of smoking and chewing tobacco.

Table 2. Health Risks of Tobacco Use 2004

Health Risks of Tobacco	2004 (%)
There is little health benefit to quitting smoking after smoking a pack a day for more than 20 years.	
Strongly agree	6.0
Agree	17.4
Disagree	41.7
Strongly disagree	34.8
There is no benefit to women quitting smoking mid-way through pregnancy.	
Strongly agree	2.6
Agree	10.3
Disagree	47.1
Strongly disagree	40.1
Chewing tobacco is safer to the user than smoking cigarettes.	
Strongly agree	1.3
Agree	7.1
Disagree	59.2
Strongly disagree	32.5
Using chewing tobacco or snuff is socially more acceptable than smoking cigarettes.	
Strongly agree	1.5
Agree	9.5
Disagree	60.3
Strongly disagree	28.7

*p<.05 from 2002

As shown in Table 3, in comparison to 2002, the 2004 results indicated one important shift in adults' attitudes: Fewer Hoosiers believed that light cigarettes are safer than regular or full-strength cigarettes. This finding is important because tobacco industry marketing emphasizes lower levels of hazardous chemicals in light cigarettes, creating an impression that they are safer. Smokers often switch to lighter cigarettes as a risk reduction strategy in response to their knowledge of the dangers of smoking. What the tobacco industry does not tell the smokers is that the cumulative effect of smoking light cigarettes is the same as for full-strength brands, and in fact, findings show that light cigarette smokers tend to smoke more cigarettes in order to maintain their nicotine dependence. The change in Hoosiers' belief that light cigarettes are not safer than regulars may lead some smokers to abandon switching to light cigarettes and seek effective cessation help.

Table 3. Belief Regarding Safety of Light Cigarettes

Light Cigarettes Are Safer Than Regulars	2002 (%)	2004 (%)
Strongly agree	1.8	0.9
Agree	20.8	11.1*
Disagree	56.7	56.5
Strongly disagree	20.7	31.5*

However, Table 4 shows a less encouraging trend. Whereas, more Hoosiers now believe that light cigarettes are not safer than full-strength cigarettes, some are trying these “potentially reduced exposure products.” These data are especially pertinent to Indiana, since the Hoosier State was the test market for Quest and Advance. With the tobacco industry trying to sell these dangerous products as an alternative to regular cigarettes, some smokers may try to switch to these products rather than seek cessation help. Similar countermarketing efforts are needed to convince smokers that, similar to light cigarettes and smokeless tobacco, these products are not the safer alternatives to smoking.

Table 4. Awareness and Use of New Tobacco Products

	Overall Claimed Awareness of Product (%)	Ever Tried Product (% among claimed awareness)	Claimed Awareness Among Smokers (%)
<i>Ariva</i>	8.9	0.7	10.2
<i>Quest</i>	20.2	20.2	42.8
<i>Advance</i>	12.3	11.8	17.8

SECONDHAND SMOKE: HEALTH BELIEFS AND ATTITUDES TOWARD POLICIES

Overall, Hoosiers are concerned about the health effects of secondhand smoke. According to the data presented in Figure 2, almost 80 percent of all Indiana adults expressed concern over health consequences of secondhand smoke, with, 47 percent stated that they were very concerned.

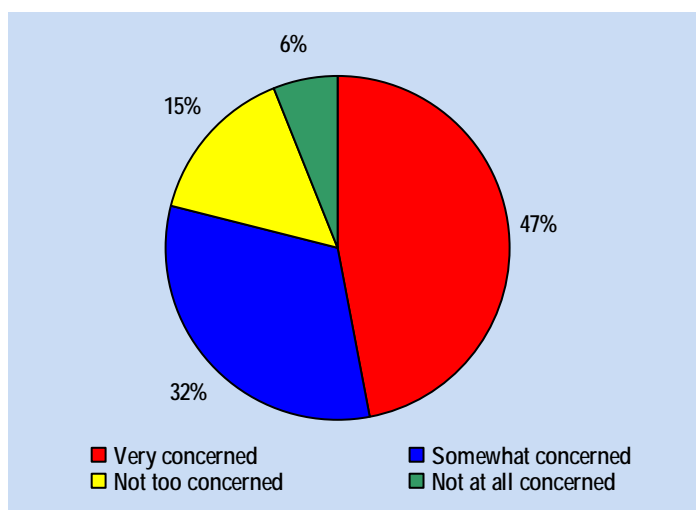


Figure 2. Concern Over Health Effects of Secondhand Smoke

As shown by Figure 3, the concern about the health effects of secondhand smoke is rooted in Hoosiers' knowledge of its health consequences. The vast majority of Hoosiers know that secondhand smoke causes lung cancer, heart disease, and respiratory problems in children. With levels of this knowledge already high in 2002, one would not expect significant improvements in 2004. However, secondhand smoke has also been linked to Sudden Infant Death Syndrome (SIDS). Little over half of Indiana adults are aware of the relationship between secondhand smoke and SIDS, suggesting that Indiana adults, especially expectant parents and parents of infants, should be informed of this danger.

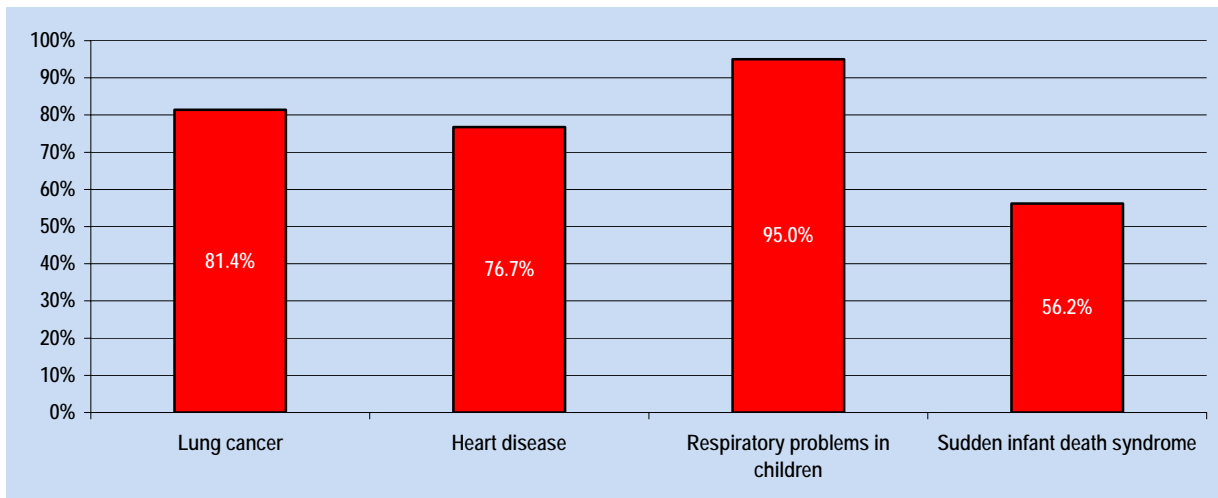


Figure 3. Health Beliefs About Secondhand Smoke

The data presented in Figure 4 suggest that the concern about the health effects of secondhand smoke and knowledge of its consequences lead most Indiana adults to consider secondhand smoke a health hazard. Almost 90 percent of Hoosiers consider secondhand smoke at least a moderate health hazard; 60 percent consider it a serious health hazard. Similarly, the majority of Hoosiers think that secondhand smoke poses danger to individuals working in a smoke-filled environment, including bartenders and wait staff working in bars and restaurants.

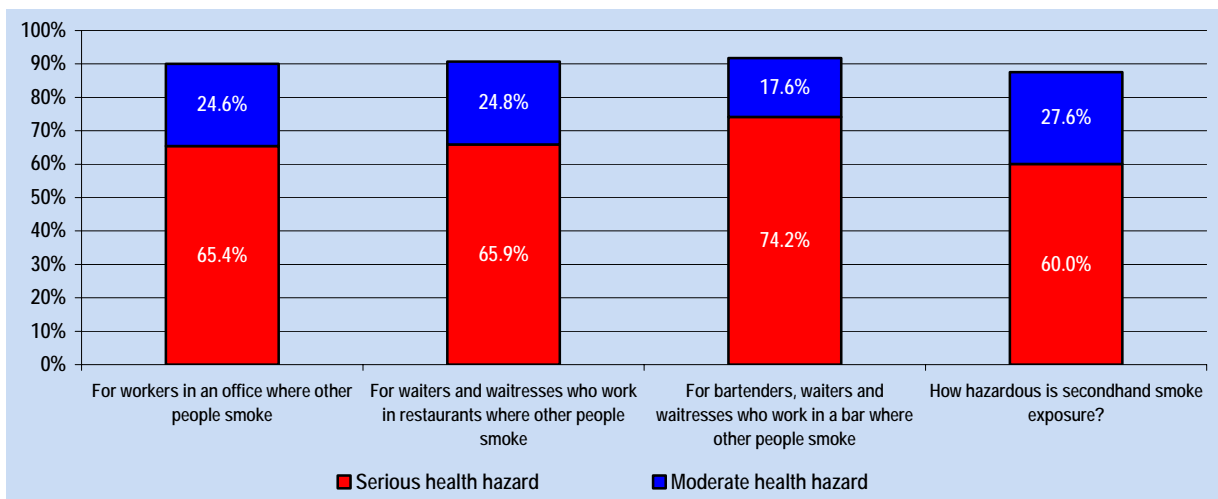


Figure 4. Health Hazard Beliefs About Secondhand Smoke (percentage of respondents who believe that secondhand smoke is a serious and moderate health hazard)

The emerging belief that bartenders and wait staff are exposed to a health hazard noted above may explain a significant shift in support for smoke-free areas in bars and cocktail lounges presented in Table 5. In 2004, 10 percent **fewer** Hoosiers think that smoking should be allowed in all bar areas and significantly more favor limiting smoking to some areas compared to 2002. The attitudes toward restricting smoking in indoor workplaces and dining areas of restaurants did not change significantly from 2002 to 2004. In 2004, the majority of Hoosiers favored smoke-free workplaces and slightly more than half of Indiana adults favored complete bans on smoking in restaurants.

Table 5. Attitudes Toward Secondhand Smoke Policies

Secondhand Smoke Policies, Rights of Nonsmokers	2004 (%)
Allow smoking in indoor work areas?	
All areas	1.7
Some areas	31.1
Not at all	67.2
Support a law in your community that would eliminate all tobacco smoke from restaurants?	
Yes	66.5

Table 5a. Significant Changes in Beliefs Toward Secondhand Smoke Policies 2002–2004

In Bars and Cocktail Lounges, Do You Think Smoking Should Be Allowed?	2002 (%)	2004 (%)
All areas	28.9	17.3**
Some areas	49.4	56.6**
Not at all	21.6	26.1
If smoking was not allowed in restaurants, would you eat out?		
More	12.0	15.5†
Less	10.8	9.6†
No difference	77.1	75.0

**p<.05 from 2002, †p<.05 from other response choices

The 2004 data also suggest that implementing smoke-free policies in restaurants may actually help their business. In 2004, significantly more Hoosiers state that they would eat out more if smoking was not allowed in restaurants than those who stated that they would eat out less. According to these data, by going smoke free, a restaurant would lose about 9.5 percent of its customers but would gain 15.5 percent more customers, leading to a net gain of 6 percent.

The data also show that Hoosiers are translating their increasing concern over health effects of secondhand smoke by instituting stricter rules for smoking in their homes (see Figure 5). As was the case in 2002, the majority of Indiana households did not allow smoking anywhere in the house. However, in 2002, almost a quarter of Hoosier households allowed smoking anywhere in the house (22.4 percent); in 2004, this percentage dropped significantly to 16.8 percent. Analyses shows that smokers who lived in households that prohibited smoking were twice as likely to successfully quit smoking than those who did not prohibit smoking at home. This finding that further highlights the importance of the significant decrease in the number of households that do not have smoking restrictions.

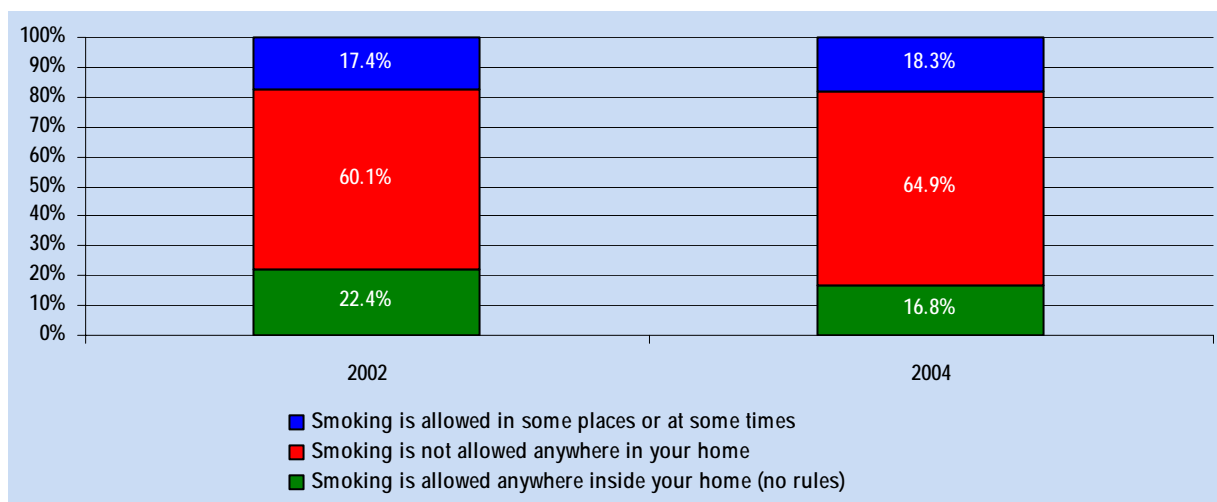


Figure 5. Home Rules

CESSATION

In 2004, the majority of smokers in Indiana are considering quitting in the next 6 months. During the same year, close to half of all adult Hoosier smokers have tried to quit in the last 12 months. However, the successful quit rate remained low, with about 8 percent of Hoosiers successfully quitting in 2004. These findings have not significantly changed from 2002.

Table 6. Cessation Attempts and Intentions

	2004 (%)
Smokers who tried to quit smoking for at least a day in the past 12 months.	47.6
Successfully quit smoking (for at least 1 month, among all adults who smoked in the past year).	8.0
Considering quitting in the next 6 months?	58.3
Planning to quit in the next 30 days?	24.1
Ever expect to quit?	83.0
How likely to successfully quit smoking?	
Very likely	40.1
Somewhat likely	39.1
Somewhat unlikely	11.1
Very unlikely	9.6

Whereas the similar number of smokers were aware of cessation resources in 2004 and 2002 (48 percent), the 2004 data show promising trends. As shown in Table 7, in 2004, more Hoosier smokers reported availability of smoking cessation help at their work and coverage of smoking cessation services by the health insurance. It is not clear from these data whether these increases are due to more employers offering cessation help, more health insurance policies covering smoking cessation or smokers becoming more aware of these resources. Even more promising 2004 results show that more smokers have tried to use nicotine replacement therapies in order to quit smoking than in 2002. Since the use of nicotine replacement therapies involves substantial out-of-pocket costs to smokers, this trend suggests that Hoosier smokers are becoming more committed to quitting.

Table 7: Cessation Resources

	2002 (%)	2004 (%)
Smokers aware of cessation assistance.	60.0	65.9
Within the past 12 months, has your employer offered any stop smoking program or any other help? (YES %)	18.5	24.5*
Health care coverage pays for smoking cessation services.	32.2	46.2**
Tried to quit by using nicotine patch, gum, or other medication.	20.2	33.3**

*p<.05

In 2004, just over 70 percent of adults reported having seen either a doctor, nurse, or other health care professional for themselves in the past year. As shown in Table 8, over 70 percent of health care professionals in 2004 asked adult patients about their smoking behaviors and advised them not to smoke. The most common type of assistance offered to smokers by their health care providers was a medication prescription (33 percent in 2004, including nicotine patch, gum, nasal spray, and pills). However, about a quarter of the physicians also advised smokers to set a quit date, and a similar number of physicians provided cessation material.

Table 8: Physician Consultation and Advice

A Doctor, Nurse, or Other Health Care Professional Seen in the Past 12 Months Has Advised the Adult Smoker...	2004 (%)
Not to smoke	74.9
Not to smoke and prescribed or recommended patch, nicotine gum, nasal spray, or pills such as Zyban	33.3
Not to smoke and suggested setting a specific date to stop smoking	23.4
Not to smoke and suggested using a smoking cessation class, program, quit line, or counseling	17.7
Not to smoke and provided booklets, videos, or other materials to help quit smoking on your own	26.5

AWARENESS OF COMMUNITY ACTIVISM

Table 9 presents Hoosier adults' claimed awareness of community-based anti-tobacco efforts. In 2004, nearly 60 percent reported having heard of local efforts to restrict restaurant smoking, and 54 percent reported having heard of efforts to restrict smoking at workplaces. Both of these figures represent significant increases in awareness from 2002. Awareness of tobacco control activism is an important factor in the success of tobacco prevention programs. Through media coverage, Hoosiers will believe that tobacco prevention and cessation is an important issue. Furthermore, by reading or observing others involved in tobacco use prevention efforts, Hoosiers will perceive tobacco control as a legitimate cause, thus further strengthening social norms of not smoking.

Table 9. Claimed Awareness of Tobacco Control Efforts

	2002 (%)	2004 (%)
Aware of anti-tobacco organizations in your community	18.3	20.1
Heard of local efforts to restrict smoking...		
In restaurants	45.3	58.8**
On school grounds (2004)	–	57.8
In government buildings (2004)	–	66.7
In recreational facilities such as stadiums (2004)	–	44.7
In workplaces	45.5	53.5**
Heard of local store receiving citation or fine for selling tobacco to minors	23.6	23.9
Seen people distributing anti-tobacco literature or gifts at community events like neighborhood or county fairs	12.4	12.6

**p<.05

CONCLUSIONS

The data from IATS highlighted in this report indicate that Indiana is making substantial strides toward reducing tobacco dependence among Hoosiers. The public education and community-based efforts focusing on the dangers of secondhand smoke are paying dividends, as more Hoosiers believe that smoking should be restricted in public places to protect their own health as well as those who work there. Further, more Hoosier households are implementing smoking rules in their homes. Besides protecting the individual health of nonsmokers, these shifts in attitudes make smoking both less socially acceptable and less convenient. Social norms of a tobacco free lifestyle as well as not being able to smoke any place, at any time could be the factors that would lead smokers to seriously attempt to quit. The data also indicate that the majority of Hoosiers who smoke do want to quit and, in comparison to the previous years, are aware of cessation resources and more are demonstrating a stronger commitment to quitting by using nicotine replacement therapies. Hoosiers are also more aware of efforts to restrict smoking in restaurants and workplaces, thus increasing the salience of tobacco control on the public agenda and eventually leading to further normalization of a tobacco free lifestyle.